

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 04/05/04

2 Serial/Patent # 10/602, SGD

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
X	Petition		12/16/03	\$ 130
X	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
		8 TO BE REFUNDED BY:	Credit Card	
		Treasury Check		
		Credit Deposit A/C #:		
		9		
10 REASON:	<input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <p>Postcard proves allegedly snuffed figs were present on day 1. Refund per fil</p>			
11 REFUND REQUESTED BY:	<p>TYPED/PRINTED NAME: <u>Shirene Willis</u> TITLE: <u>Pat Htng</u> SIGNATURE: <u>Shirene Willis</u> PHONE: <u>308-6712</u> OFFICE: <u>Office of Petras</u> **** THIS SPACE RESERVED FOR FINANZ USE ONLY: **** APPROVED: <u>Alma Kelly</u> DATE: <u>4-8-04</u> </p>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**